

**2018 Pipeline Safety Conference**

**Montgomery, Alabama**

**December 6, 2018**

**Wallace Jones**

**Director, Gas Pipeline Safety Division**

**Alabama Public Service Commission**

# **ACCIDENT INVESTIGATIONS**

- **Accident Investigation Division (AID) - PHMSA**
- **Oklahoma City, Oklahoma**
- **Coordinating with PHMSA Regions and State Pipeline Safety Programs**

# AID - What are they looking for?

- **ACCURACY**
- **COMPLETENESS**
- **As much information as possible on the incident form**
- **Submission of Finalized form as quickly as possible**

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U.S. Department of Transportation  
Pipeline and Hazardous Materials Safety Administration

Original Report Date: 06/21/2010  
No. 20110006- 15165  
(DOT Use Only)

EXPIRATION DATE: 8/31/2020

**INCIDENT REPORT - GAS DISTRIBUTION SYSTEM**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. All responses to this collection of information are mandatory. Send comments regarding the burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

**INSTRUCTIONS**

**Important:** Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline/library/forms>.

**PART A - KEY REPORT INFORMATION**

Report Type: (select all that apply)	Original: Yes	Supplemental:	Final:
Last Revision Date			
1. Operator's OPS-issued Operator Identification Number (OPID):			
2. Name of Operator			
3. Address of Operator:			
3a. Street Address			
3b. City			
3c. State		Alabama	
3d. Zip Code			
4. Local time (24-hr clock) and date of the Incident:		04/29/2010 17:09	
5. Location of Incident:			
5a. Description			
5b. GPS coordinates			
5c. Indicate Carmel			
5d. Drive N not at		Alabama	
5e. Road;			
5f. please correct		30.7012	
		-88.15086	
6. National Response Center number:		39174	
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:		05/05/2010 08:25	

Please verify NRC#. NRC report numbers are 6 digits. If no NRC report was made please state.

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1) GPS Coordinates

2) NRC #



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Response Center:	
8. Incident resulted from:	Reasons other than release of gas
9. Gas released:	Other Gas
- Other Gas Released Name:	Unknown
10. Estimated volume of gas released - Thousand Cubic Feet (MCF):	
11. Were there fatalities?	No
- If Yes, specify the number in each category:	
11a. Operator employees	
11b. Contractor employees working for the Operator	
11c. Non-Operator emergency responders	
11d. Workers working on the right-of-way, but NOT associated with this Operator	
11e. General public	
11f. Total fatalities (sum of above)	
12. Were there injuries requiring inpatient hospitalization?	Yes
- If Yes, specify the number in each category:	
12a. Operator employees	0
12b. Contractor employees working for the Operator	0
12c. Non-Operator emergency responders	0
12d. Workers working on the right-of-way, but NOT associated with this Operator	1
12e. General public	0
12f. Total injuries (sum of above)	1
13. Was the pipeline/facility shut down due to the incident?	No
- If No, Explain:	THERE WERE NO NATURAL GAS FACILITIES SHUT DOWN DUE TO THIS INCIDENT

Form PHMSA F 7100.1

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# Returned Form

## 3) Release of gas?

Was there a release of natural gas?

- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)

13a. Local time and date of shutdown:	
13b. Local time pipeline/facility restarted:	

PART C - ADDITIONAL FACILITY INFORMATION	
1. Indicate the type of pipeline system:	Privately Owned
- If Other, specify:	
2. Part of system involved in Incident:	Other
- If Other, specify:	IT IS UNDETERMINED IF THE AREA OF
2a. Year "Part of system involved in Incident" was installed:	1950
3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2)	
3a. Nominal diameter of pipe (in):	
3b. Pipe specification (e.g., API 5L, ASTM D2513):	
3c. Pipe manufacturer:	
3d. Year of manufacture:	
4. Material involved in Incident:	Cast/Wrought Iron
- If Other, specify:	
4a. If Steel, Specify seam type:	
	None/Unknown?
4b. If Steel, Specify wall thickness (inches):	
4c. If Plastic, Specify type:	
- If Other, describe:	
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	
	Or wall thickness:
4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:	
- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	
	Unknown?
5. Type of release involved :	Rupture
- If Mechanical Puncture - Specify Approx size:	
	Approx. size: in. (axial):
	in. (circumferential):
- If Leak - Select Type:	
- If Other, Describe:	
- If Rupture - Select Orientation:	Circumferential
- If Other, Describe:	
	Approx. size: (widest opening):
	(length circumferentially or axially):

Returned Form

- 4) Distribution or Transmission?
- 5) Incomplete sentence - Main or service?
- 6) Diameter
- 7) Size



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- If Other - Describe:

**PART D - ADDITIONAL CONSEQUENCE INFORMATION**

1. Class Location of Incident : Class 3 Location

2. Estimated Property Damage :

2a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 6-2011, "paid/reimbursed by the Operator" removed \$ 0

Estimated cost of gas released – effective 6-2011, moved to item 2f

2b. Estimated cost of Operator's property damage & repairs \$ 0

2c. Estimated cost of Operator's emergency response \$ 0

2d. Estimated other costs \$ 0

- Describe:

2e. Property damage subtotal (sum of above) \$ 0

**Cost of Gas Released**

2f. Estimated cost of gas released \$ 0

Total of all costs \$ 0

3. Estimated number of customers out of service:

3a. Commercial entities 0

3b. Industrial entities 0

3c. Residences 0

**PART E - ADDITIONAL OPERATING INFORMATION**

1. Estimated pressure at the point and time of the Incident (psig): 40.00

2. Normal operating pressure at the point and time of the Incident (psig): 40.00

3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): 60.00

4. Describe the pressure on the system relating to the Incident: Pressure did not exceed MAOP

5. Was a Supervisory Control and Data Acquisition (SCADA) based system in place on the pipeline or facility involved in the Incident? Yes

- If Yes:

5a. Was it operating at the time of the Incident? Yes

5b. Was it fully functional at the time of the Incident? Yes

5c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the detection of the Incident? No

5d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident? No

Please update costs

Cast iron operating at 40#?

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8) Costs

9) Correct pressure

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**G8 - Other Incident Cause** - only one sub-cause can be selected from the shaded left-hand column

<b>Other Incident Cause – Sub-Cause:</b>	Unknown
<b>- If Miscellaneous:</b>	
1. Describe:	
<b>- If Unknown:</b>	
2. Specify:	Still under investigation, cause of Incident to be determined* (*Supplemental Report required)

**PART H - NARRATIVE DESCRIPTION OF THE INCIDENT**

With regard to Part A questions 8, 9, 14 and 15, the responses are preliminary in nature and not final, as this incident remains under investigation, and is the subject of current litigation. As a result, the answers to these specific questions are unknown or undetermined at this time.

← Update the narrative. Currently it does not provide insight into what occurred.

**PART I - PREPARER AND AUTHORIZED SIGNATURE**

Preparer's Name	[REDACTED]
Preparer's Title	CLAIMS MANAGER
Preparer's Telephone Number	[REDACTED]
Preparer's E-mail Address	[REDACTED]
Preparer's Facsimile Number	[REDACTED]
Authorize Signature's Name	[REDACTED]
Authorized Signature's Title	CLAIMS MANAGER
Authorized Signature's Email Address	[REDACTED]

Returned Form  
10) Narrative -  
want details  
and cause



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### PART A - KEY REPORT INFORMATION

Report Type: (select all that apply)	Original: Yes	Supplemental:	Final:
Last Revision Date:			
1. Operator's OPS-issued Operator Identification Number (OPID):			
2. Name of Operator:			
3. Address of Operator:			
3a. Street Address			
3b. City			
3c. State			
3d. Zip Code:			
4. Local time (24-hr clock) and date of the Incident:	02/03/2018 10:25		
5. Location of Incident:			
Latitude:			
Longitude:			
6. National Response Center Report Number (if applicable):			
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable):	02/06/2018 15:55		
8. Incident resulted from:	Unintentional release of gas		
9. Gas released: (select only one, based on predominant volume released)	Natural Gas		
- Other Gas Released Name:			
10. Estimated volume of commodity released unintentionally - Thousand Cubic Feet (MCF):		Complete	
11. Estimated volume of intentional and controlled release/blowdown - Thousand Cubic Feet (MCF)	19.91		
12. Estimated volume of accompanying liquid release (Barrels):			
13. Were there fatalities?	No		
- If Yes, specify the number in each category:			
13a. Operator employees			
13b. Contractor employees working for the Operator			
13c. Non-Operator emergency responders			
13d. Workers working on the right-of-way, but NOT associated with this Operator			
13e. General public			
13f. Total fatalities (sum of above)			
14. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
14a. Operator employees			
14b. Contractor employees working for the Operator			
14c. Non-Operator emergency responders			
14d. Workers working on the right-of-way, but NOT			

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11) Estimated  
volume of  
release

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12) If leak -  
select type

Pinhole



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Incident?	Feet:	123
4. Were any structures outside the PIR impacted or otherwise damaged due to heat/fire resulting from the Incident?		No
5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident?		No
6. Were any of the fatalities or injuries reported for persons located outside the PIR?		No
7. Estimated Property Damage :		
7a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 6-2011, "paid/reimbursed by the Operator" removed	\$	0
Estimated cost of gas released unintentionally – effective 6-2011, moved to item 7f		
Estimated cost of gas released during intentional and controlled blowdown – effective 6-2011, moved to item 7g		
7b. Estimated cost of Operator's property damage & repairs	\$	211,500
7c. Estimated cost of Operator's emergency response	\$	0
7d. Estimated other costs	\$	0
	Describe:	
7e. Property damage subtotal (sum of above)	\$	211,500
<b><u>Cost of Gas Released</u></b>		
7f. Estimated cost of gas released unintentionally	\$	0
7g. Estimated cost of gas released during intentional and controlled blowdown	\$	57
7h. Total estimated cost of gas released (sum of 7.f & 7.g above)	\$	57
Total of all costs	\$	211,557

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Complete

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13) Estimated cost of gas released unintentionally

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1a. How many were tested:

1b. How many failed:

2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? No

- If Yes:

2a. How many were tested:

2b. How many failed:

**PART G - APPARENT CAUSE**

Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Describe secondary, contributing, or root causes of the incident in the narrative (PART H).

Apparent Cause: G8 - Other Incident Cause

**G1 - Corrosion Failure - only one sub-cause can be picked from shaded left-hand column**

Corrosion Failure – Sub-cause:

- If External Corrosion:

1. Results of visual examination: - If Other, Describe:

2. Type of corrosion: (select all that apply)

- Galvanic
- Atmospheric
- Stray Current
- Microbiological
- Selective Seam
- Other

- If Other – Describe:

3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply)

- Field examination
- Determined by metallurgical analysis
- Other

- If Other – Describe:

4. Was the failed item buried under the ground?

Select - G1 - Corrosion Failure

Select - External Corrosion

Complete appropriate elements

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14) Apparent Cause - G-1 Corrosion Failure

15) Corrosion Failure - External Corrosion

16) Requires additional details about visual inspection



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2. Specify: Still under investigation, cause of Incident to be determined\* (\*Supplemental Report required)

**PART - H NARRATIVE DESCRIPTION OF THE INCIDENT**

During a normal recoat project, a bubbling on the pipe wrapping was discovered. What appeared to be a "possible" leak was not measurable due to its small size. A section of the piping was cut out and sent for analysis.

Information contained in the report is preliminary.

**PART I - PREPARER AND AUTHORIZED SIGNATURE**

Preparer's Name	[REDACTED]
Preparer's Title	Pipeline Safety and Compliance Analyst
Preparer's Telephone Number	[REDACTED]
Preparer's E-mail Address	[REDACTED]
Preparer's Facsimile Number	[REDACTED]
Authorized Signature Title	Manager- Pipeline Safety
Authorized Signature Telephone Number	[REDACTED]
Authorized Signature Email	[REDACTED]
Date	03/02/2018

9:25 AM 6/14/2018

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17) Filed as  
"Initial" report  
with comments  
of preliminary  
- "Final" will  
have to be  
submitted later

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1. Operator's or Issued Operator Identification Number (OID):

2. Name of Operator:

3. Address of Operator:

3a. Street Address:

3b. City:

3c. State:

3d. Zip Code:

4. Local time (24-hr clock) and date of the Incident: 04/11/2018 01:30

5. Location of Incident:

5a. Street Address or location description:

5b. City:

5c. County or Parish:

5d. State:

5e. Zip Code:

5f. Latitude: 34.7186781

Longitude: -81.6378851

6. National Response Center Report Number: 1209064

7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center: 04/11/2018 13:30

8. Incident resulted from: Reasons other than release of gas

9. Gas released:

- Other Gas Released Name: Natural Gas

10. Estimated volume of gas released - Thousand Cubic Feet (MCF): 2.000

11. Were there fatalities? No

- If Yes, specify the number in each category:

11a. Operator employees

11b. Contractor employees working for the Operator

11c. Non-Operator emergency responders

11d. Workers working on the right-of-way, but NOT associated with this Operator

11e. General public

11f. Total fatalities (sum of above)

12. Were there injuries requiring inpatient hospitalization? Yes

- If Yes, specify the number in each category:

12a. Operator employees 0

12b. Contractor employees working for the Operator 0

12c. Non-Operator emergency responders 0

12d. Workers working on the right-of-way, but NOT associated with this Operator 0

12e. General public 1

12f. Total injuries (sum of above) 1

13. Was the pipeline/facility shut down due to the incident? Yes

Unintentional Release of Gas (which was due to vandalism)

Returned Form  
18) Incident  
resulted from:  
  
19) Gas released



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1. Indicate the type of pipeline system.

- If Other, specify:

2. Part of system involved in Incident: Outside Meter/Regulator set

- If Other, specify:

2a. Year "Part of system involved in Incident" was installed: 1996

3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:

3a. Nominal diameter of pipe (in):

3b. Pipe specification (e.g., API 5L, ASTM D2513):

3c. Pipe manufacturer:

3d. Year of manufacture:

4. Material involved in Incident: Steel

- If Other, specify:

4a. If Steel, Specify seam type: None/Unknown? None

4b. If Steel, Specify wall thickness (inches): .128

4c. If Plastic, Specify type:

- If Other, describe:

4d. If Plastic, Specify Standard Dimension Ratio (SDR):

Or wall thickness:

4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:

- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.):

Unknown?

5. Type of release involved : Other

- If Mechanical Puncture - Specify Approx size:

Approx. size: in. (axial):

in. (circumferential):

- If Leak - Select Type:

- If Other, Describe:

- If Rupture - Select Orientation:

- If Other, Describe:

Approx. size: (widest opening):

(length circumferentially or axially):

- If Other - Describe: BROKEN RISER - CRACK IN THREADS

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20) Type of  
release involved:

21) Want  
description under  
leak heading, not  
other

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- Other

- If Other, Describe:

3. What category type was the activity that caused the Incident:

4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?

4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?

**G8 - Other Incident Cause** - only one sub-cause can be selected from the shaded left-hand column

**Other Incident Cause – Sub-Cause:**

- If Miscellaneous:

1. Describe:

- If Unknown:

2. Specify:

**PART H - NARRATIVE DESCRIPTION OF THE INCIDENT**

Security Video retrieved from location shows person kicking gas meter until gas released and igniting gas

Expand to include circumstances and chronology associated with damage, ignition, injury, notification, emergency response, etc.

**PART I - PREPARER AND AUTHORIZER**

Preparer's Name

Preparer's Title

Preparer's Telephone Number

Preparer's E-mail Address

Preparer's Facsimile Number

Authorize Signature's Name

Authorized Signature's Title

Authorized Signature's Email Address

Utilities Director

Returned Form  
22) Additional  
commentary on  
incident cause,  
results



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U.S. Department of Transportation  
Pipeline and Hazardous Materials Safety Administration

Original Report Date: 06/28/2010

No. [REDACTED]

(DOT Use Only)

**INCIDENT REPORT - GAS DISTRIBUTION SYSTEM**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. All responses to this collection of information are mandatory. Send comments regarding the burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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**PART A - KEY REPORT INFORMATION**

Report Type: (select all that apply)	Original: Yes	Supplemental:	Final:
Last Revision Date			
1. Operator's OPS-issued Operator Identification Number (OPID):	[REDACTED]		
2. Name of Operator	[REDACTED]		
3. Address of Operator:			
3a. Street Address	[REDACTED]		
3b. City	[REDACTED]		
3c. State	[REDACTED]		
3d. Zip Code	[REDACTED]		
4. Local time (24-hr clock) and date of the Incident:	05/25/2010 16:30		
5. Location of Incident:			
5a. Street Address or location description	[REDACTED]		
5b. City	[REDACTED]		
5c. County or Parish	[REDACTED]		
5d. State:	[REDACTED]		
5e. Zip Code:	41649		
5f. Latitude:	37.3415		
Longitude:	-82.4525		
6. National Response Center Report Number:	941661		
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:	05/25/2010 17:00		
8. Incident resulted from:	Unintentional release of gas		

NRC Report states Depot Road and Railroad Street

Correct GPS coordinates, do not map to Old Railroad Street

9:55 AM 6/14/2018

Returned Form  
23) GPS  
Coordinates and  
location on NRC  
do not match

Note: Date of  
Report - 2010

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5. Right-of-Way where event occurred (select all that apply):

- Public	Yes
- If Public, Specify:	City Street
- Private	
- If Private, Specify:	
- Pipeline Property/Easement	Yes
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	

6. Type of excavator : Municipality

7. Type of excavation equipment : Backhoe/Trackhoe

8. Type of work performed : Water

9. Was the One-Call Center notified? No

9a. If Yes, specify ticket number:

9b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:

10. Type of Locator: Utility Owner

11. Were facility locate marks visible in the area of excavation? Yes

12. Were facilities marked correctly? Yes

13. Did the damage cause an interruption in service? Yes

13a. If Yes, specify duration of the interruption: 4

14. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):

- Root Cause Description:	Excavation Practices Not Sufficient
- If One-Call Notification Practices Not Sufficient, specify:	
- If Locating Practices Not Sufficient, specify:	
- If Excavation Practices Not Sufficient, specify:	Excavation practices not sufficient (other)
- If Other/None of the Above, explain:	

**G4 - Other Outside Force Damage** - only one sub-cause can be selected from the shaded left-hand column

**Other Outside Force Damage – Sub-Cause:**

- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:

1. Vehicle/Equipment operated by:

- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:

2. Select one or more of the following IF an extreme weather event was a factor:

- Hurricane

Unit - Hours, days?

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24) Unit of  
time for  
interruption of  
service

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- Failure to follow procedure	
- Other	
- If Other, Describe:	
3. What category type was the activity that caused the Incident:	
4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?	
4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
<b>G8 - Other Incident Cause</b> - only one sub-cause can be selected from the shaded left-hand column	
Other Incident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	
<b>PART H - NARRATIVE DESCRIPTION OF THE INCIDENT</b>	
SEE ATTACHED (2 PAGES)	
<b>PART I - PREPARER AND AUTHORIZED SIGNATURE</b>	
Preparer's Name	
Preparer's Title	
Preparer's Telephone Number	
Preparer's E-mail Address	
Preparer's Facsimile Number	
Authorize Signature's Name	
Authorized Signature's Title	
Authorized Signature's Email Address	

Please place narrative here.

Returned Form  
25) Narrative  
to be included  
in form, not on  
attachments



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- If Other, specify:	
2. Part of system involved in Incident:	Main
- If Other, specify:	
2a. Year "Part of system involved in Incident" was installed:	1996
3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:	
3a. Nominal diameter of pipe (in):	4
3b. Pipe specification (e.g., API 5L, ASTM D2513):	ASTM D2513
3c. Pipe manufacturer:	Ameriflow
3d. Year of manufacture:	Unknown
4. Material involved in Incident:	Plastic
- If Other, specify:	
4a. If Steel, Specify seam type:	
None/Unknown?	
4b. If Steel, Specify wall thickness (inches):	
4c. If Plastic, Specify type:	Polyethylene (PE)
- If Other, describe:	
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	
Or wall thickness: .438	
4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:	
- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	2406
Unknown?	
5. Type of release involved :	Leak
- If Mechanical Puncture - Specify Approx size:	
Approx. size: in. (axial):	
in. (circumferential):	
- If Leak - Select Type:	Seal or Packing
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: (widest opening):	
(length circumferentially or axially):	
- If Other - Describe:	

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Returned Form  
26) Specifics -  
Connection  
Failure, Not  
Seal or Packing

Connection Failure

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**PART F - DRUG & ALCOHOL TESTING INFORMATION**

1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. How many were tested:	
1b. How many failed:	
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. How many were tested:	
2b. How many failed:	

**PART G - CAUSE INFORMATION**

Select only one box from PART G in shaded column on left representing the Apparent Cause of the Incident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Incident in the narrative (PART H).

Apparent Cause:	G4 - Other Outside Force Damage
-----------------	---------------------------------

**G1 - Corrosion Failure** – only one sub-cause can be picked from shaded left-hand column

Corrosion Failure Sub-Cause:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Specify:	
2. Type of corrosion:	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other	
- If Other, Describe:	
3. The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	

Returned Form  
27) Explanation  
of why no drug  
test

28) G7  
Incorrect  
Operation

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- If Other, Specify:

- If Valve:

4. Specify:

- If Other, Specify:

4a. Valve type:

4b. Manufactured by:

4c. Year manufactured:

- If Other Equipment Failure:

5. Describe:

**G7 - Incorrect Operation** - only one sub-cause can be selected from the shaded left-hand column

Incorrect Operation Sub-Cause:

- If Other Incorrect Operation:

1. Describe:

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We did not identify any issues with how the information was reported on Report #20 [REDACTED]. It just needs to be reported that way on this report.

Complete the following if any Incorrect Operation sub-cause is selected.

2. Was this Incident related to: (select all that apply)

- Inadequate procedure
- No procedure established
- Failure to follow procedure
- Other

- If Other, Describe:

3. What category type was the activity that caused the Incident:

4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?

4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?

**G8 - Other Incident Cause** - only one sub-cause can be selected from the shaded left-hand column

Other Incident Cause - Sub-Cause:

- If Miscellaneous:

1. Describe:

- If Unknown:

2. Specify:

**PART H - NARRATIVE DESCRIPTION OF THE INCIDENT**

Operator caused arcing while using a electrical powered tool to tighten up bolts while gas was leaking.

Returned Form  
28 A) Re-  
Submittal of  
Report - Some  
information  
changed;  
requested  
clarification



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9. Gas released:	Natural Gas
- Other Gas Released Name:	
10. Estimated volume of gas released - Thousand Cubic Feet (MCF):	35.000
11. Were there fatalities?	Yes
- If Yes, specify the number in each category:	
11a. Operator employees	0
11b. Contractor employees working for the Operator	0
11c. Non-Operator emergency responders	0
11d. Workers working on the right-of-way, but NOT associated with this Operator	0
11e. General public	1
11f. Total fatalities (sum of above)	1
12. Were there injuries requiring inpatient hospitalization?	Yes
- If Yes, specify the number in each category:	
12a. Operator employees	0
12b. Contractor employees working for the Operator	0
12c. Non-Operator emergency responders	0
12d. Workers working on the right-of-way, but NOT associated with this Operator	0
12e. General public	1
12f. Total injuries (sum of above)	1
13. Was the pipeline/facility shut down due to the incident?	Yes
- If No, Explain:	

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- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)	
13a. Local time and date of shutdown:	01/25/2013 06:15
13b. Local time pipeline/facility restarted:	
- Still shut down? (* Supplemental Report Required)	Yes
14. Did the gas ignite?	Yes
15. Did the gas explode?	Yes

Returned Form  
29) Discrepancy  
between report  
and NRC on  
number of  
injuries

Confirm that one  
person was  
hospitalized. There  
were 3 reported as  
injured on the NRC  
report.

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3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:

3a. Nominal diameter of pipe (in):	
3b. Pipe specification (e.g., API 5L, ASTM D2513):	
3c. Pipe manufacturer:	
3d. Year of manufacture:	
4. Material involved in Incident:	Other
- If Other, specify:	Steel riser/aluminum
4a. If Steel, Specify seam type:	
None/Unknown?	
4b. If Steel, Specify wall thickness (inches):	
4c. If Plastic, Specify type:	
- If Other, describe:	
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	
Or wall thickness:	
4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:	
- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	
Unknown?	
5. Type of release involved :	Other
- If Mechanical Puncture - Specify Approx size:	
Approx. size: in. (axial):	
in. (circumferential):	
- If Leak - Select Type:	
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: (widest opening):	
(length circumferentially or axially):	
- If Other - Describe:	Gas meter was damaged during the fire/explosion which melted

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the dial face of the meter causing an unintentional release of gas.

PART D - ADDITIONAL CONSEQUENCE INFORMATION

4. Close Location of Incident

Close Location

Returned Form

30) Incomplete information on service line (riser)

31) Additional information on riser

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1. Class Location of Incident : Class 4 Location

2. Estimated Property Damage :

2a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 6-2011, "paid/reimbursed by the Operator" removed \$ 89,200

Estimated cost of gas released – effective 6-2011, moved to item 2f

2b. Estimated cost of Operator's property damage & repairs \$ 45

2c. Estimated cost of Operator's emergency response \$ 1,500

2d. Estimated other costs \$ 0

- Describe:

2e. Property damage subtotal (sum of above) \$ 90,745

**Cost of Gas Released**

2f. Estimated cost of gas released \$ 142

Total of all costs \$ 90,887

3. Estimated number of customers out of service:

3a. Commercial entities\_ 0

3b. Industrial entities 0

3c. Residences 1

**PART E - ADDITIONAL OPERATING INFORMATION**

1. Estimated pressure at the point and time of the Incident (psig): 16.80

2. Normal operating pressure at the point and time of the Incident (psig): 19.00

3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): 35.00

4. Describe the pressure on the system relating to the Incident: Pressure did not exceed MAOP

5. Was a Supervisory Control and Data Acquisition (SCADA) based system in place on the pipeline or facility involved in the Incident? Yes

- If Yes:

5a. Was it operating at the time of the Incident? Yes

5b. Was it fully functional at the time of the Incident? Yes

5c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the detection of the Incident? No

5d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident? No

6. How was the Incident initially identified for the Operator? Notification from Emergency Responder

- If Other, Specify:

6a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 6, specify.

7. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due

Looking at Google Earth, appears to be 3 story multifamily area. Does not seem to be class 4. please review.

Returned Form  
32) Using  
Google Earth to  
verify Class  
locations

- Other:	
- If Other, Describe:	
3. What category type was the activity that caused the Incident?	
4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?	
4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
<b>G8 - Other Incident Cause</b> - only one sub-cause can be selected from the sheet.	
<b>Other Incident Cause – Sub-Cause:</b>	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	
<b>PART H - NARRATIVE DESCRIPTION OF THE INCIDENT</b>	
<p>[REDACTED] has determined the cause of this incident is unknown. [REDACTED] removed piping and appliances were removed and are in the possession of [REDACTED]. [REDACTED] is an agent of [REDACTED], the homeowners insurance carrier.</p> <p>[REDACTED] and [REDACTED] conducted pressure tests on the service line and the houseline. [REDACTED] has determined that there are several possible causes including but not limited to a leaking coupling on the riser before the meter and several leaking unions in the houseline.</p> <p>The cause of this incident may remain unknown. No further testing is scheduled by [REDACTED]. The cause could have been an Act of God.</p>	
<b>PART I - PREPARER AND AUTHORIZED SIGNATURE</b>	
Preparer's Name	[REDACTED]
Preparer's Title	Compliance Specialist
Preparer's Telephone Number	[REDACTED]
Preparer's E-mail Address	[REDACTED]
Preparer's Facsimile Number	
Authorize Signature's Name	[REDACTED]
Authorized Signature's Title	Manager of Regulatory Compliance
Authorized Signature's Email Address	[REDACTED]

Returned Form  
33) “Act of God”  
not accepted as  
cause/reason



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3. Address of Operator:

3a. Street Address	[REDACTED]
3b. City	[REDACTED]
3c. State	[REDACTED]
3d. Zip Code	[REDACTED]

4. Local time (24-hr clock) and date of the Incident: 01/27/2015 16:30

5. Location of Incident:

5a. Street Address or location description	5 McCrory Street
5b. City	[REDACTED]
5c. County or Parish	[REDACTED]
5d. State:	[REDACTED]
5e. Zip Code:	[REDACTED] 1127
5f. Latitude:	33.760091
Longitude:	-87.1863975

6. National Response Center Report Number: 1106740

7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center: 01/27/2015 16:30

8. Incident resulted from: Unintentional release of gas

9. Gas released: Natural Gas

- Other Gas Released Name:

10. Estimated volume of gas released - Thousand Cubic Feet (MCF): 475.000

11. Were there fatalities? Yes

- If Yes, specify the number in each category:

11a. Operator employees	0
11b. Contractor employees working for the Operator	0
11c. Non-Operator emergency responders	0
11d. Workers working on the right-of-way, but NOT associated with this Operator	0
11e. General public	1
11f. Total fatalities (sum of above)	1

12. Were there injuries requiring inpatient hospitalization? Yes

- If Yes, specify the number in each category:

12a. Operator employees	3
12b. Contractor employees working for the Operator	0
12c. Non-Operator emergency responders	0
12d. Workers working on the right-of-way, but NOT associated with this Operator	0
12e. General public	0
12f. Total injuries (sum of above)	3

13. Was the pipeline/facility shut down due to the incident? Yes

- If No, Explain:

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2:12 PM 7/13/2018

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34) Incorrect Time from Narrative

35) Include discussion about fatality

36) More details on injured

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The NRC Report indicated at 17:13 the gas was shut off. The Narrative Description indicates gas was shut off at 21:00. Ensure the time is reported correctly using the 24 hour clock.

These should be reported as 16:00

- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)	
13a. Local time and date of shutdown:	01/27/2015 09:00
13b. Local time pipeline/facility restarted:	01/28/2015 11:00
- Still shut down? (* Supplemental Report Required)	
14. Did the gas ignite?	Yes
15. Did the gas explode?	Yes
16. Number of general public evacuated:	6
17. Time sequence (use local time, 24-hour clock):	
17a. Local time operator identified Incident - effective 10-2014, "Incident" changed to "failure"	01/27/2015 04:00
17b. Local time operator resources arrived on site:	01/27/2015 04:00

**PART B - ADDITIONAL LOCATION INFORMATION**

1. Was the Incident on Federal land?	No
2. Location of Incident	Utility Right-of-way / Easement
3. Area of Incident:	Underground
Specify:	Under soil
If Other, Describe:	
Depth of Cover:	60
4. Did Incident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing -	
Cased/ Uncased:	
- If Railroad crossing -	
Cased/ Uncased/ Bored/drilled	
- If Road crossing -	
Cased/ Uncased/ Bored/drilled	
- If Water crossing -	
Cased/ Uncased	
Name of body of water (If commonly known):	
Approx. water depth (ft):	

**PART C - ADDITIONAL FACILITY INFORMATION**

1. Indicate the type of pipeline system:	Municipally Owned
- If Other, specify:	
2. Part of system involved in Incident:	Main
- If Other, specify:	
2a. Year "Part of system involved in Incident" was installed:	1952
3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:	
3a. Nominal diameter of pipe (in):	6
3b. Pipe specification (e.g., API 5L, ASTM D2513):	Unknown

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37) Time formatting and accuracy

38) Time formatting



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Report Leak or Rupture - depending on the extent of the crack. If it's greater than 50% of the circumference, report it as a rupture, with the appropriate dimensions. Otherwise report is as a Leak, and Select Crack.

4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:  
- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)

Unknown?

5. Type of release involved : Other

- If Mechanical Puncture - Specify Approx size:

Approx. size: in. (axial):  
in. (circumferential):

- If Leak - Select Type:

- If Other, Describe:

- If Rupture - Select Orientation:

- If Other, Describe:

Approx. size: (widest opening):  
(length circumferentially or axially):

- If Other - Describe: circular crack around pipe

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**PART D - ADDITIONAL CONSEQUENCE INFORMATION**

1. Class Location of Incident : Class 1 Location

2. Estimated Property Damage :

2a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 6-2011, "paid/reimbursed by the Operator" removed \$ 10,000

Estimated cost of gas released – effective 6-2011, moved to item 2f

2b. Estimated cost of Operator's property damage & repairs \$ 0

2c. Estimated cost of Operator's emergency response \$ 0

2d. Estimated other costs \$ 0

- Describe:

2e. Property damage subtotal (sum of above) \$ 10,000

**Cost of Gas Released**

2f. Estimated cost of gas released \$ 1,000

Total of all costs \$ 11,000

3. Estimated number of customers out of service:

3a. Commercial entities 1

Report costs associated with property damage, repairs, and emergency response - including personnel time.

Class 3 location

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39) Additional details about leak/rupture

40) Class location (using Google to determine?)

41) Costs - complete accounting

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2. Was this Incident related to: (select all that apply)

- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other	
- If Other, Describe:	

3. What category type was the activity that caused the Incident:

4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?

4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?

G8 - Other Incident

Other Incident Cause

- If Miscellaneous:

1. Describe:

- If Unknown:

2. Specify:

**PART H - NARRATIVE DESCRIPTION OF THE INCIDENT**

A person reported a gas smell in the area of 5 McCrory Street. [REDACTED] and [REDACTED] responded at 4:00 PM and carried a combustible gas indicator. [REDACTED] responded at 4:15 PM. A gas leak was determined to be behind the house at 5 McCrory Street after making a bar-hole and checking it with the CGI. The track-hoe was brought and digging started at about 4:20 PM at the bar-hole which was aligned with the service line. About two feet had been excavated when the house exploded at 4:30 PM, [REDACTED] and [REDACTED] were injured. [REDACTED] attempted to shut down the gas main but was unable and was carried to the hospital. Former employee [REDACTED] came and helped to shut down the gas main at about 9:00PM.

**PART I - PREPARER AND AUTHORIZED SIGNATURE**

Preparer's Name	[REDACTED]
Preparer's Title	Superintendent
Preparer's Telephone Number	[REDACTED]
Preparer's E-mail Address	[REDACTED]
Preparer's Facsimile Number	[REDACTED]
Authorize Signature's Name	[REDACTED]
Authorized Signature's Title	Superintendent
Authorized Signature's Email Address	[REDACTED]

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42) Detail,  
detail, detail.  
Cannot give too  
much in the  
narrative  
description

# Incomplete Investigation?

- **Pipe sent off for testing**
- **Other items not completed**
- **Unsure if natural gas is involved**
- **LITIGATION**



# Let them know!!

- Don't hold back facts
  - If in litigation, tell them
  - If waiting on test results, tell them
  - If some other reason, tell them
- 
- A series of three parallel white diagonal lines extending from the bottom right towards the top right of the slide.



# Let them know!!

- Be as COMPLETE as possible
- A “Final” version will always be required.
  - If sent in as “Initial” and all is complete, also mark “Final”
  - If additional sent in as “Supplemental” and all is complete, also mark “Final”

# THANK YOU!

Questions?

